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Bib Data Sheet

CONFIRMATION NO. 3795

SERIAL NUMBER 09/978,132	FILING DATE 10/16/2001  RULE	CLASS 426	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. IR 6562-02
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APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\*** *PS*  
 This application is a CIP of 09/922,660 08/06/2001 ABN  
 which claims benefit of 60/244,504 10/31/2000  
 and claims benefit of 60/253,448 11/28/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
**\*\* 11/02/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY KS	SHEETS DRAWING 0	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature <i>PS</i>	Initials	

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TITLE  
 ANTIOXIDANT CONTAINING COMPOSITION AND METHOD

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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